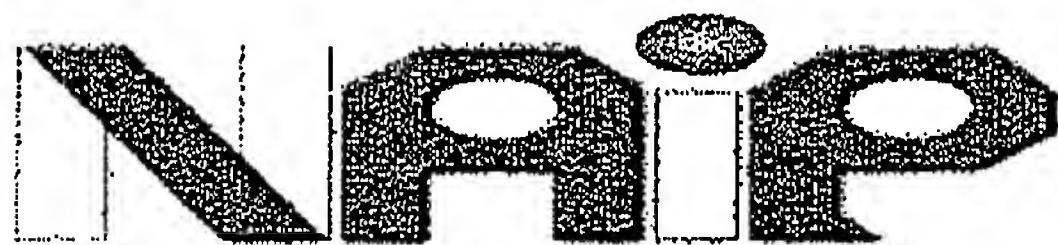


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**From: Winston Hsu, Registration No. 41,526**

**Serial No.: 10/605,165**

**Attorney Docket No.: MTKP0047USA**

**Subject: Response to the Office Action mailed on 03/16/2006**

**Total Pages: 8 pages (including cover page)**

**Winston Hsu 06/06/2006**

**MTKP0047USA0\_A2\_2**

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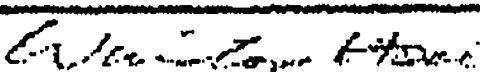
PTO/SB/21 (08-04)

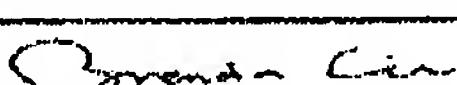
Approved for use through 07/31/2006. OMB 0851-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>TRANSMITTAL FORM</b>		Application Number	10/605,165
		Filing Date	09/12/2003
		First Named Inventor	Cheng-Te Chuang
		Art Unit	2187
(to be used for all correspondence after initial filing)		Examiner Name	MCLEAN MAYO, KIMBERLY N
Total Number of Pages in This Submission	7	Attorney Docket Number	MTKP0047USA

ENCLOSURES (Check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Frial <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):	
Remarks			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm Name	North America Intellectual Property Corporation
Signature	
Printed name	Winston Hsu
Date	6/6/2006
	Reg. No. 41,526

CERTIFICATE OF TRANSMISSION/MAILING			
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Signature			
Typed or printed name	Brenda Lin	Date	6/6/2006

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PTO/SB/17 (12-04v2)

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**FEE TRANSMITTAL  
For FY 2005**

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT (\$)** **0.00**

**Complete If Known**

Application Number	10/605,185
Filing Date	09/12/2003
First Named Inventor	Cheng-Te Chuang
Examiner Name	MCLEAN MAYO, KIMBERLY N
Art Unit	2187
Attorney Docket No.	MTKP0047USA

**METHOD OF PAYMENT** (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: **50-3105** Deposit Account Name: North America Intellectual Property Corporation

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

**2. EXCESS CLAIM FEES**

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Small Entity</u>	
				<u>Fee (\$)</u>	<u>Fee (\$)</u>
- 20 or HP =	x	=		50	25
HP = highest number of total claims paid for, if greater than 20.				200	100

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)

- 3 or HP = x =

HP = highest number of independent claims paid for, if greater than 3.

<u>Multiple Dependent Claims</u>	
<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)

- 100 = / 50 (round up to a whole number) x =

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): \_\_\_\_\_

Fees Paid (\$)

**SUBMITTED BY**

<u>Signature</u>	<u>Winston Hsu</u>	<u>Registration No.</u> <u>(Attorney/Agent)</u> <b>41.526</b>	<u>Telephone</u> <b>3027291562</b>
<u>Name (Print/Type)</u>	<u>Winston Hsu</u>		<u>Date</u> <b>6/6/2006</b>

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**METHOD FOR MANAGING AN EXTERNAL MEMORY OF A  
MICROPROCESSOR**

Appl. No.	:	10/605,165	Confirmation No.	2164
Applicants	:	Cheng-Te Chuang, Yuan-Ting Wu, Li-Chun Tu		
Filed	:	September 12, 2003		
TC/A.U.	:	2187		
Examiner	:	MCLEAN MAYO, KIMBERLY N		
Docket No.	:	MTKP0047USA		
Customer No.	:	27765		

Commissioner for Patents  
P.O. Box 1450  
Alexandria VA 22313-1450

**INTRODUCTORY COMMENTS**

5 Sir:

In response to the Office action of March 16, 2006, applicants believe that claims 1, 3-7, and 9-14 are placed in condition for allowance, and provide arguments in the following section. Withdrawal of rejections to finally rejected claims 1, 3-7, and 9-14 is respectfully requested.

10